



County of San Diego

DEPARTMENT OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS DIVISION
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CERS Guide for a New Business Generating Medical Waste

Businesses in San Diego County generating medical waste must apply for a Unified Program Facility Permit, which is now done on-line through the California Environmental Reporting System (CERS). This includes facilities that have recently relocated or changed ownership. The procedure below outlines how to apply for a Unified Program Facility Permit and how to enter your medical waste into the CERS webpage. Your business may be subject to various hazardous materials requirements; in such cases additional steps not outlined in this guide will be necessary.

Overview: Applying for a permit and entering your medical waste into CERS.

- Step I:** Create a CERS account
- Step II:** Add your facility
- Step III:** Answer "Yes" in the Hazardous Materials box of the Business Activities form.
- Step IV:** Fill out the Business Owner/Operator Identification form
- Step V:** Enter your medical waste into the Hazardous Materials Inventory submittal element.
- Step VI:** Select "Exempt" for the Site Map requirement
- Step VII:** Submit

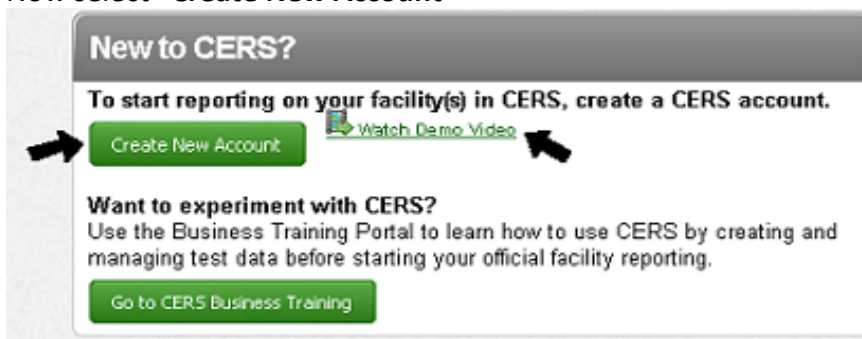
Step I: Create a CERS account

First time users, please visit CERS home page @ <http://cers.calepa.ca.gov/>

1. Select **"Business Portal Sign In"**



2. Now select **"Create New Account"**



3. Fill out the CERS Registration page. Make sure the username and password meet the requirements in the red box.
4. Select **“Create My Account”**
5. You should receive an automated email message to activate your account. If you do not receive one, check your spam or junk folder. Make sure to follow the instructions on this email to activate your account. You have 30 days to activate your account.

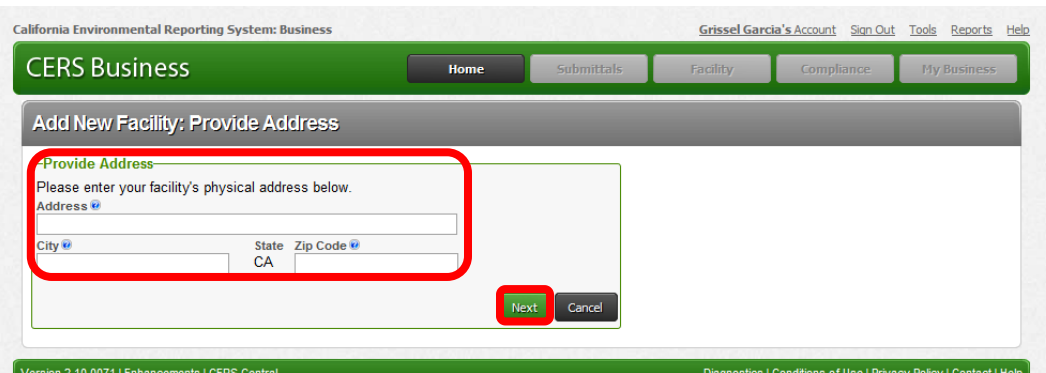
Step II: Add Your Facility

1. Click on the **“Add New Facility”** link in order to add this facility to the system and associate it with your profile



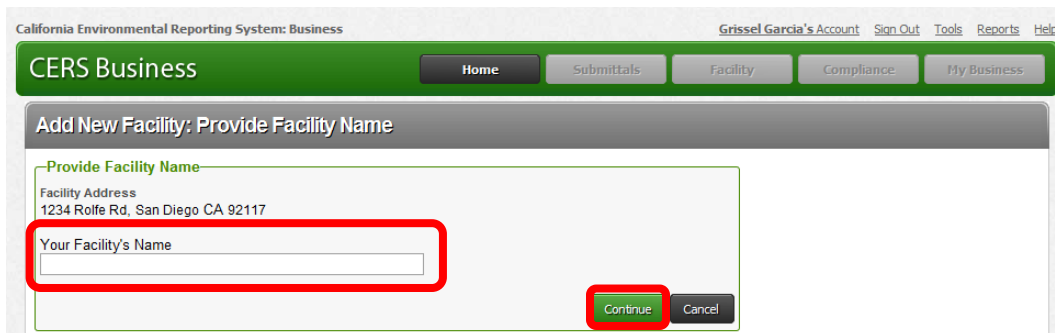
The screenshot shows the CERS Business dashboard. At the top, there is a green navigation bar with links: Home, Submittals, Facility, Compliance, and My Business. Below this, there are two main sections. The first section is titled 'Request Access to an Existing CERS Business' and contains a text box asking if the user has previously used CERS, with a 'Search Existing Businesses/Facilities' button. The second section is titled 'Add a New Facility' and contains a text box asking if the user and their business are new to CERS, with an 'Add New Facility' button highlighted in a red box.

2. Provide an Address and click **“Next”**



The screenshot shows the 'Add New Facility: Provide Address' form. The form has a green header bar with the CERS Business logo and navigation links. Below the header, there is a section titled 'Provide Address' with a text box asking the user to enter their facility's physical address. The form includes fields for Address, City, State (pre-filled with CA), and Zip Code. A red box highlights the address fields and the 'Next' button, which is also highlighted in red.

3. Provide your Facility Name and select **“Continue”**



The screenshot shows the 'Add New Facility: Provide Facility Name' form. The form has a green header bar with the CERS Business logo and navigation links. Below the header, there is a section titled 'Provide Facility Name' with a text box asking the user to enter their facility's name. The form also displays the facility address: '1234 Rolfe Rd, San Diego CA 92117'. A red box highlights the 'Your Facility's Name' text box and the 'Continue' button, which is also highlighted in red.

4. Provide your Contact information and **“Submit”**

CERS Business Home Submittals Facilities Compliance My Business

Add New Facility: Add Your Business/Organization to CERS

Your Facility Information

Mooseville
4465 Rolfe Rd
San Diego, CA 92117

Your CERS Business Information

Provide/Update Your CERS Business Name*

e.g., the legal/corporate name of your business/organization

Provide/Update Your Business Headquarters City/State

e.g., Los Angeles, CA

* **Single-facility Businesses:** If your business will report on **only one** facility, your CERS Business Name should be the same as your facility name.

* **Multi-facility Businesses:** Please modify your CERS Business/Organization Name to something applicable to **all of your facilities**, typically your corporate/legal name. Once you have established your CERS Business, you can add additional facilities and/or users as necessary.

Add Your Contact Information

Your Phone Number (Required)

Your Title (for this CERS Business)

Submit Cancel

- Your facility has been added. Click **“Continue”**

Step III: Answer “Yes” in the Hazardous Materials box of the Business Activities Form

- The business activities form should automatically appear after the previous step. Answer **“Yes”** to the first question in the Hazardous Materials box as shown below. Please be advised that even if your facility does not have hazardous materials on site above the stated thresholds, we ask that you answer “Yes” to this question in order to enter your medical waste items into CERS. At this time, it is the way the process works.

Save Cancel

Site Identification

Facility Name **Edit** CERSID 10144127

Dr. Who's Office Business Site Address **Edit** EPA ID Number CA1234567890 **Edit**

1234 Main St San Diego, CA 92123 County: San Diego

Edit Mapping

Hazardous Materials

Does your facility have on site (for any purpose) at any one time, hazardous materials at or above 55 gallons for liquids, 500 pounds for solids, or 200 cubic feet for compressed gases (include liquids in ASTs and USTs); or is regulated under more restrictive local inventory reporting requirements (shown below if present); or the applicable Federal threshold quantity for an extremely hazardous substance specified in 40 CFR Part 355, Appendix A or B; or handle radiological materials in quantities for which an emergency plan is required pursuant to 10 CFR Parts 30, 40 or 70? [?](#)

☒ Yes ☐ No

Underground Petroleum Storage (UST)

Does your facility own or operate underground storage tanks? [?](#)

☐ Yes ☒ No

Hazardous Waste

Does your facility generate Hazardous Waste? [?](#)

☐ Yes ☒ No

If yes, provide an EPA Identification Number (EPA ID).

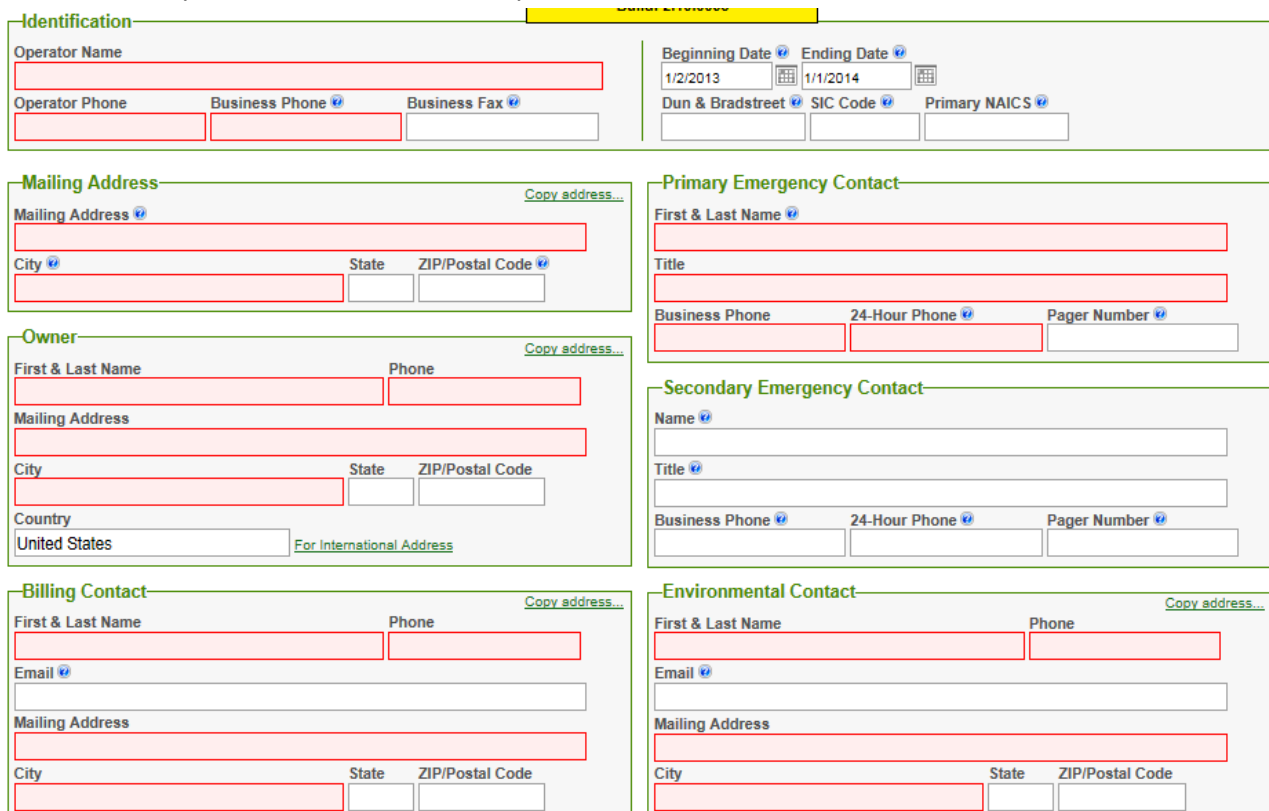
Does your facility treat hazardous waste on-site? [?](#)

☐ Yes ☒ No

- Answer the rest of the questions and select **“Save”**.

Step IV: Fill out the Business Owner/Operator Identification Form

1. Fill in your facility's contact information on the Business Owner/Operator Identification form. You will not be able to submit your medical waste items if you do not fill out the fields marked in red below.



The form is divided into several sections, each with a title and a 'Copy address...' link. The 'Identification' section includes fields for Operator Name, Beginning Date, Ending Date, Operator Phone, Business Phone, Business Fax, Dun & Bradstreet, SIC Code, and Primary NAICS. The 'Mailing Address' section includes Mailing Address, City, State, and ZIP/Postal Code. The 'Owner' section includes First & Last Name, Phone, Mailing Address, City, State, ZIP/Postal Code, and Country. The 'Primary Emergency Contact' section includes First & Last Name, Title, Business Phone, 24-Hour Phone, and Pager Number. The 'Secondary Emergency Contact' section includes Name, Title, Business Phone, 24-Hour Phone, and Pager Number. The 'Billing Contact' section includes First & Last Name, Phone, Email, Mailing Address, City, State, and ZIP/Postal Code. The 'Environmental Contact' section includes First & Last Name, Phone, Email, Mailing Address, City, State, and ZIP/Postal Code. All input fields are highlighted in red.

2. Select **"Save"** to go to the submittal draft page.

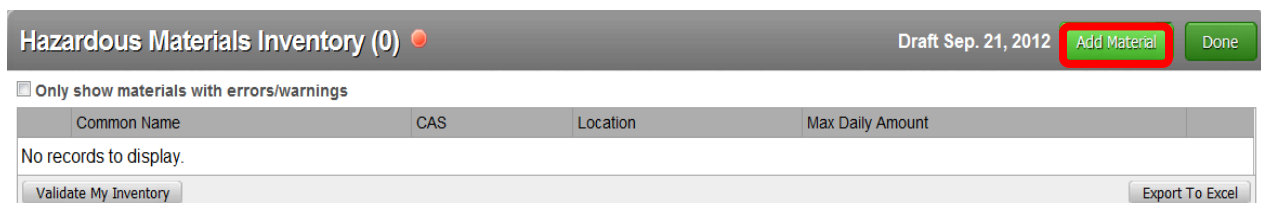
Step V: Enter your medical waste into the Hazardous Materials Inventory submittal element.

1. Select **"Start"** on the Hazardous Materials Inventory submittal element



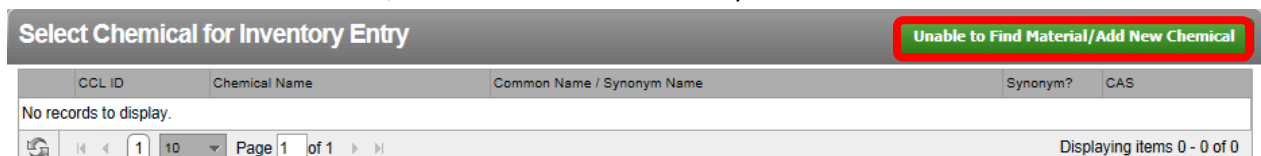
The interface shows a header bar with the title 'Hazardous Materials Inventory' and a status 'No Previous Submittal'. There are two buttons: 'Start' (highlighted in red) and 'Not Applicable'.

2. Select **"Add Material"**



The interface shows a header bar with the title 'Hazardous Materials Inventory (0)' and a status 'Draft Sep. 21, 2012'. There are two buttons: 'Add Material' (highlighted in red) and 'Done'. Below the header bar, there is a checkbox labeled 'Only show materials with errors/warnings'. A table with columns 'Common Name', 'CAS', 'Location', and 'Max Daily Amount' is shown, with the message 'No records to display.' below it. There are buttons for 'Validate My Inventory' and 'Export To Excel'.

3. Select **"Unable to Find Material/Add New Chemical"** to add your first medical waste item



The interface shows a header bar with the title 'Select Chemical for Inventory Entry' and a button 'Unable to Find Material/Add New Chemical' (highlighted in red). Below the header bar, there is a table with columns 'CCL ID', 'Chemical Name', 'Common Name / Synonym Name', 'Synonym?', and 'CAS'. The message 'No records to display.' is shown below the table. There is a pagination bar showing 'Page 1 of 1' and 'Displaying items 0 - 0 of 0'.

4. Enter your medical waste item into the inventory form. Required fields are circled below in the sample entry for sharps waste. Make sure you leave the **State Waste Code** field blank.

Training
Build: 2.10.0093

Chemical Name: Infectious Waste, Sharps
Common Name: Sharps
Physical State: ☒ Solid ☐ Liquid ☐ Gas
Hazardous Material Type: ☐ Pure ☐ Mixture ☒ Waste
CERS Chemical Library ID: -
US EPA SRS Number:
Trade Secret: ☐ Yes ☒ No

Chemical Hazard Classification
EHS: ☐ Yes ☒ No
Fire Code Hazard Classes (by priority):
Federal Hazard Categories: ☐ Fire ☐ Reactive ☐ Pressure Release ☐ Acute Health ☐ Chronic Health
DOT Hazard Class:
State Waste Code: [Lookup Code](#)
Do not enter a State Waste Code

Inventory Location and Quantity
Chemical Location:
Chemical Location Confidential EPCRA: ☐ Yes ☒ No
Map# (Optional): Grid# (Optional):
Average Daily Amount: Maximum Daily Amount: ☒ 10
Largest Container: Annual Waste Amount:
Days on Site:
Units: ☐ gallons ☐ cubic feet ☒ pounds ☐ tons

Inventory Storage Information
☐ Aboveground Tank ☐ Can ☐ Box ☐ Tank Truck, Tank Wagon
☐ Underground Tank ☐ Carboy ☐ Cylinder ☐ Tank Car, Rail Car
☐ Tank Inside Building ☐ Silo ☐ Glass Bottle ☐ Other
☐ Steel Drum ☐ Fiber Drum ☒ Plastic Bottle
☐ Plastic/Non-Metallic Drum ☐ Bag ☐ Tote Bin

- If you have more medical waste items to add, select **"Save and Add Another Material"** to fill out another identical form for your next item. Otherwise, hit **"Save"**.

Step VI. Select "Exempt" for the Site Map Requirement

- Select **"Site Map"** under the Hazardous Materials Inventory submittal element.

Hazardous Materials Inventory DRAFT Jan. 10, 2013 Submit

Hazardous Material Inventory Add Material

Site Map (Official Use Only) Ready to Submit Discard
Document Needed New

- Select **"Exempt"** in the Document Options box and enter a comment saying you are medical waste generator and hit **"Save"**.

Document Options
☐ Upload Document(s)
☐ Public Internet URL
☐ Provided in other Submittal Element
☐ Provided to Regulator
☐ Stored at Facility
☒ Exempt

Exempt
Select this option if you feel you are exempt from this document upload requirement. Please enter a short explanation of why you feel you are exempt in the space provided below. If the regulatory agency does not approve of the document exemption, the submittal element will be rejected.
Comment: Medical waste generator
Save Cancel

Step VII: Submit

- Select one of the two green **"Submit"** buttons.

Facility Information DRAFT Jan. 10, 2013 [Submit](#)

[Business Activities](#) Ready to Submit with warnings [Edit](#)

[Business Owner/Operator Identification](#) Ready to Submit [Edit](#)

[Discard Draft Submittal](#)

Hazardous Materials Inventory DRAFT Jan. 10, 2013 [Submit](#)

[Hazardous Material Inventory](#) [Add Material](#) Ready to Submit [Discard](#)

[Site Map \(Official Use Only\): Exempt](#) Ready to Submit [Edit](#) [Discard](#)

[Discard Draft Submittal](#)

2. Select the green “Add Comment to Regulator” link

Facility Information Ready To Submit

Information will be reported to San Diego County Department of Environmental Health.

[Add Comment To Regulator](#)

Hazardous Materials Inventory Ready To Submit

Information will be reported to San Diego County Department of Environmental Health.

[Add Comment To Regulator](#)

3. **Enter a comment** stating you are a medical waste generator and you are applying for this permit because you are starting a brand new business, there has been a change of ownership, or you have relocated to a new office. It is very important that you indicate the purpose for this application so that your submittal can be processed properly.

Ready to Submit [Submit Selected Elements](#)

Facility Information Ready To Submit

Information will be reported to San Diego County Department of Environmental Health.

[Remove Comment To Regulator](#)

Brand new dentist's office generating medical waste.

Hazardous Materials Inventory Ready To Submit

Information will be reported to San Diego County Department of Environmental Health.

[Add Comment To Regulator](#)

4. Select “Submit Selected Elements” as shown above.
5. If your information was submitted successfully, you should see the following statement.

